Health and Well Being Workgroup
Recommendations for the Commonwealth Council on Childhood Success

The Health and Well Being workgroup looked at a number of issues across the health spectrum, that affect the well being of children and their ability to thrive and succeed. The issue area is so broad that the group agreed at the outset that while dental and behavioral health are an integral part of a child's well being; that those particular policies are being worked on in a variety of other task forces and coalitions. Therefore, this workgroup did not examine either of those in depth. However, the group did agree that it is critical that every community throughout Virginia have access to comprehensive, community-based behavioral health services. As such, it intends to incorporate the work of the DBHDS internal transformation teams currently examining these issues.

Early on in the process, the group agreed that access to high quality and affordable care is the foundation of a healthy and thriving population. In addition, they recognized that the state should be committed to making long-term investments in primary level prevention and interventions, which have the greatest impact and cost the least.

As they began examining specific health issues, the group quickly agreed that the current health disparities within the state are unacceptable and Virginia should work to reduce disparate outcomes in health based on income, geography, and ethnicity. These, and all other, policy decisions should be data driven and based on best practices.

These values and principles drove the development of the following recommendations from the workgroup, which fall into 3 major categories: improving birth outcomes for all children; investing early; and upgrading data collection.

*Endorse strong start and medical home in VDH pop health plan

Improving Birth Outcomes for All (alignment with thriving infants)

1. **Virginia should increase access to physical, behavioral, and oral health insurance coverage which ensures all citizens can access quality care; particularly for women before and in between their pregnancies, periods of time not currently covered by Medicaid for low-income women.** Such coverage would improve their preconception health and ultimately drive better outcomes for infants. VDH estimates that improving pre-conception health could take Virginia more than two thirds (82.0%) of the way to our goal of having the best term rates in the country, with 2,295 more infants born at full-term. With expanded coverage, the largest risk factors for infant mortality (smoking, obesity, diabetes, chronic hypertension, anemia and previous pre-term labor) would be better addressed among vulnerable populations.
    a) Women losing coverage after pregnancy and young women aging out of Medicaid are automatically enrolled in Plan First. Explore ways to promote increased utilization of this program and expanded its coverage to include basic treatment for conditions identified during annual family planning exam.
    b) Ensure men and women have access to a medical home whereby they can receive such care.

Improving Preconception Health

Tobacco
Obesity
Substance abuse

2. **The Commonwealth should improve preconception health by enhancing tobacco use prevention.**
    a) Resources should be provided for VDH and VFHY to conduct targeted tobacco prevention messaging to promote preconception health for priority populations.
    b) Increase funding for and promotion of the Quit Line to increase utilization, given its proven outcomes.
    c) Increase tobacco taxes

3. **Expand mandated publicly funded services for pregnant women**
    a) Integrate primary and behavioral health into the medical home model for pregnant women
    b) Oral health – support oral health education for community health workers, outreach workers, childcare workers, dental providers (still some misconception about treatment during pregnancy) and women's health providers. This could occur in partnership with the SIM community health worker efforts, lifting up the work of VaOHC in partnership with the dental program at VDH etc…

4. **VDH and DMAS should engage with private and public partners to increase LARC utilization.**
    a) Drawing on results of the HealthKeepers pilot, DMAS should explore ways to reimburse OB's separately for LARC insertion at delivery.
    b) Promote education about LARC's with women; training for providers; and informing health plans of best practices and ongoing changes to the system

5. **Breastfeeding**
    a) Breastfeeding Advisory Committee should help develop uniform breastfeeding training and education framework – drawing on ongoing work. They should consider developing and promoting minimum curriculum (1 hour) for a variety of professionals that work with women of childbearing years and infants 0-18 months--public or private.

        1. Spread word about the Ten Steps to successful breastfeeding with women of childbearing age and communities--look online at Delaware example--what to expect if you deliver in Delaware

        2. Recognize businesses in a visible way, that are breastfeeding friendly to customers and employees

<u>Investing Early (recommend integrating each of these into the VA plan for Well Being)</u>

6. **Given data on the proven outcomes of Home Visiting for children and parents, Virginia should expand the state's investment in home visiting for at-risk families who are pregnant or have children under the age of 6, to meet at least 25% of the need statewide (currently only 12% of the need is being met).**
    a) The Home Visiting Consortium should develop a strategic plan for where new investments should be made.
    b) DMAS, in partnership with health plans and case management providers, should determine criteria that would trigger mandatory case management via home visiting whereby the home visiting services meet the requirements of an evidence-based or evidence informed home visiting model.

7. DHP and DMAS to facilitate process --- Educate and train primary care providers on conducting comprehensive child assessments of physical, developmental, behavioral and oral health from birth – age 8. Engage provider associations and stakeholders to examine current utilization, billing, and other implementation challenges. Endorse aap guidelines. Build into electronic medical records process.

8. **DBHDS - Develop a standardized policy, based on national best practices, for early intervention providers to follow up with children have been in the NICU.**

Addressing Childhood Nutrition and Obesity

a) Endorse the child hunger priorities form the CC on Bridging the Nutritional Divide:
    1. Increase school division and community participation in a) the Community Eligibility Provision, b) the Summer Food Service Program, c) the Child and Adult Care Food Program, d) alternative breakfast models, and e) additional pathways to expand meal

access as determined by the Council.

2. Increase eligible household participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)

b) DSS and VDH should explore expanding Child and Adult Care Food Program aid to license exempt childcare programs who are receiving child care subsidies. The state agency (VDH) has to explore eligibility and approval of the subsidy homes.

c) Collaborative group to explore developing recommendations/ promoting best practices …. VFHY, VDSS, VECF, VDH opportunity for healthy eating and physical activity standards in child care

d) VFHY (?) to conduct assessment of existing projects, councils, agency programs, etc working on childhood obesity and make recommendations on alignment and unified priorities. Evaluate recent outcomes of legislation to inform policy.

9. **Encourage DBHDS and VDOE to work together to explore how to best teach educators about the impact of trauma on early childhood and how to appropriately respond in educational settings.**

<u>Upgrade Data Collection</u>

10. **Early health and well being services funded with public monies should report standardized outcome data elements that are compatible with VLDS, so that the Commonwealth can conduct more thorough longitudinal studies.** This analysis should drive future policy and funding decisions. In particular, this should include standardized Head Start assessments, standardized Home Visiting outcomes data, early interventions, basic health data.

11. **Data group should look at how Virginia could develop a system (and/or pilot) to share family/child level data to support more efficient and effective service delivery and program evaluation across agencies and programs.**